



**City of Hiram
Precious Metals Registration**

MC 11-5-13

INFORMATION ON APPLICANT / OWNER

(please print clearly)

- 1) Type of Registration: () In City () Out of City [\$25-new; \$10-renewal]
- 2) Type of Ownership: () Sole Proprietor () Partnership () Corporation
() LLP () LLC
- 3) Name doing business as: _____
- 4) Corporation, partnership, LLC, LLP,
or company name: _____
- 5) Business Address: _____
City: _____ State: _____ Zip: _____
Business Phone Number: _____ Fax: _____
- 6) Mailing Address: _____
City: _____ State: _____ Zip: _____
Email address: _____
- 7) Description of the business to be conducted: _____

- 8) If Sole Proprietor
Individual Owner's Name: _____
Date of Birth: _____ Phone Number: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Email address: _____

9) If Partnership or Limited Liability Partnership

Name of Partner/Member: _____

Percentage of Ownership: _____ Date of Birth: _____

Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of Partner/Member: _____

Percentage of Ownership: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

*If more than two partners, attach additional pages

10) If Corporation or LLC

Name of President/Member: _____

Percentage of Ownership: _____ Date of Birth: _____

Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of VP/Member: _____

Percentage of Ownership: _____ Date of Birth: _____

Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of Secretary/Member: _____

Percentage of Ownership: _____ Date of Birth: _____

Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of Treasurer/Member: _____

Percentage of Ownership: _____ Date of Birth: _____

Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

*If additional members, attach additional pages

11) Any other person(s) having financial interest in the business:

Name: _____ Name: _____

Address: _____ Address: _____

Financial Interest: _____ Financial Interest: _____

Phone Number: _____ Phone Number: _____

Date of Birth: _____ Date of Birth: _____

*Attach additional sheet(s) if necessary

12) Individual named as the "dealer in precious metals" [see O.C.G.A. § 43-37-1]

Name: _____

Position: _____ Date of Birth: _____

Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

13) Attach a list of all employees, including their names, addresses, and ages.

14) Has any employee or owner (other than stockholders owning less than 10% of the outstanding shares of a publicly held corporation) ever been convicted of a felony under the laws of this State or the United States?

_____ Yes _____ No

If yes, please indicate name of individual(s), offense(s), date of offense(s), disposition(s), date of disposition(s), and jurisdiction(s).

*attach additional sheet(s) if necessary

Zoning Information

Provide the Parcel ID No. _____

To be completed by City Operations Manager:

Zoning Designation: _____

(for new licenses only)

Approved _____ Denied _____

Consent to G.C.I.C. Search of Records

Must be completed by each employee and stockholder

(other than stockholders of a publicly held corporation owning less than 10% of the outstanding shares)

1. Name: _____
Last First Middle

2. Address: _____
Street No. & Name City State Zip

3. Social Security Number: _____ - _____ - _____

4. Date of Birth: _____ / _____ / _____
Month Day Year

5. Driver's License State & Number: _____

6. Sex _____ Male _____ Female

7. Race: _____

The undersigned does hereby consent to and authorize the City of Hiram Police Department or any other Federal, State or Local agency to conduct an investigation on the criminal history record of criminal history pertaining to the undersigned which may be found in the files of any Federal, State or Local Criminal Justice Agency as maintained by the Georgia Bureau of Investigation's Georgia Crime Information Center or similar agency.

This _____ day of _____, 20____.

Signature

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public

CITY OF HIRAM

S.A.V.E. Affidavit Verifying Status

By executing this affidavit under oath, as an applicant for a City of Precious Metals Registration, I am stating the following with respect to my application:

_____ [Fill in Name of Licensee]

_____ [Fill in Name of corporation, business or partnership, if any applies]

[check the blank that applies below]

1) _____ I am a United States citizen 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit which can be best described as:

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.* All persons that check this box must be verified through DHS's SAVE program. (Must include a copy of your current, State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card or other document issued by the Department of Homeland Security as proof of lawful presence in the United States)

In making the above statement under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. Section 16-10-20.

Signature of Licensee

Date

NOTARIZATION REQUIRED:

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE ____ DAY OF _____, 20__.

Printed Name

Notary Public

*Alien Registration number for non-citizens

My Commission Expires: _____

***Note:** O.C.G.A. § 50-36-1(3)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Alternate Identifying number for qualified aliens who do not have an A.R. number

City of Hiram

to be completed by businesses with 11 or more employees and those who have an E-verify number

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation **has registered with and utilizes** the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ___, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

City of Hiram

to be completed by businesses with 10 or fewer employees and don't have an E-verify number

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation **employs ten (10) or fewer employees** and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 201__ in _____(city), _____(state).

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

Certification/Affidavit of Application

STATE OF GEORGIA
COUNTY OF PAULDING

The undersigned makes this application for a registration as indicated herein to the City of Hiram under the provisions of O.C.G.A. § 43-37-1 et seq.

Under penalty of perjury, the undersigned applicant, on oath, states that the information contained herein, including the attachments, are true and correct. The undersigned acknowledges familiarization with and agrees to abide by the provisions set forth in O.C.G.A. § 43-37-1 et seq.

The applicant understands that any person who violates any of these provisions shall be guilty of a misdemeanor.

This _____ day of _____, 20____.

Precious Metals Dealer

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public